



CHARLOTTE RESCUE MISSION

Pledge Form

Dove's Nest Capital Campaign

Donor Information

Name _____

(As you would like it listed for donor recognition)

Contact Name _____

(For corporations, foundations and organizations)

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Pledge Information

In support of the expanded Charlotte Rescue Mission Dove's Nest program, I/we pledge a total of
\$ _____ per year for _____ years (Pledges of \$1,000 or more may be paid over 4 years)

\$ _____ total gift

Method of Payment

Check enclosed: Please make check payable to *Charlotte Rescue Mission*

Transfer of stock: Please contact EJ Underwood at 704-334-4635, extension 204

Charge my credit card: Type _____ Card # _____ Exp. Date _____

Please bill me: Annually Semi-Annually Quarterly Beginning Date _____

Gift will be matched by _____ (company/family/foundation)
form enclosed form will be forwarded

Signature _____ Date _____

Charlotte Rescue Mission is a 501(c)(3) charitable nonprofit institution.
Contributions are deductible as allowed by law. Thank you for your generous support.